PTO/SB/06 (08-03) Approved for use through 7/31/2006, OMB 0651-0032

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN . CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER EXTRA RATE FEF NUMBER FILED RATE FOR BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS :, minus 20 · OR P7 CFR 1.16(q) INDEPENDENT CLAIMS X S minus 3 = OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL OR. TOTAL If the difference in column 1 is less than zero, enter "O" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY (Column 3) (Column 1) (Column 2) SMALL ENTITY CLAIMS HIGHEST PRESENT RATE RATE ADDI-REMAINING NUMBER TIONAL PREVIOUSLY **EXTRA** TIONAL AFTER ENDMENT FEEL AMENDMENT PAID FOR Total Minus つひ OR X S (37 CFR 1 16/48 Minus 3 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE 7-17-06 (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS PRESENT ADOI-RATE ADDI-RATE REMAINING NUMBER **EXTRA** TIONAL TIONAL AFTER PREVIOUSLY FFF FEE AMENDMENT PAID FOR Minus Total
(37 CFR 1.16(c)) 20 X S OR S S S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1 166) OЯ TOTAL TOTAL ADO'L FEE OR ADDL FEE (Cotumn 3) (Column 1) (Calumn 2) CLAIMS HIGHEST PRESENT YDOF. RATE ADD1-REMAINING NUMBER RATE EXTRA TRONAL TIONAL PREVIOUSLY **AFTER** ENT FEE AMENDMENT PAID FOR Minus Total (27 CFR 1.16(c)) ENDMI OR Independent (37 CFR I 160x) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD1 FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Check Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS'S SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2001								GB010035				
			SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY									
TC	TAL CLAIMS		18				1	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC PEP	740.00
TOTAL CHARGEABLE CLAIMS			18 minus 20=		• •			X\$ 9=		ОЯ	X\$18=	_
INDEPENDENT CLAIMS			€ minus 3 =		. &			X42=		OR	X84=	-
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=	-
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	740
CLAIMS AS AMENDED - PART II								•			OTHER	
	1/13/05	(Column 1)	(Column 3)		SMALL		OR	SMALL	YTTM			
AMENOMENTA		REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO	Total	• 146	Minus	- Q	6	•		X2 8=		OR	X\$18=	
ARE	Independent	. 2	Minus	•	3	•		X42=	/ ·	OA	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					J	+140=		OR	+280=		
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8-4-05 (Column 1) (Column 2) (Column 3)								ADDIT. FÉE	Ŀ	Jon	ADDIT. FEE	
8	CLAIMS PREMAINING		HO		HEST ABER PRESENT	٦r		ADDI-	l		ADDI-	
AMENDMENT		AFTER AMENDMENT		PREVI	FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
ğ	Total	· 18	Minus		<u>20</u>	•	1	X\$ 9=		OR	X\$18=	
Ž	Independent	• 2	Minus	SNIDEN	3	<u> -</u>	4	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=	·	OR	+280=	
٨	1.10		•			•	,	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
7	124 185	(Column 1)			mn 2)	(Column 3	L			_		•
EMT C		REMAINING AFTER AMENDMENT		NUA PREVI	HEST ASER NOUSLY O FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 17	Minus	- /	₹O			X\$ 9=	· · · · · ·	OR	X\$18-	
M	Independent	• 2-	Mirus		3	•	1	X42-		OR	X84=	
-	PINST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	CLAIM		L	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.										OR	TOTAL	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "30." ADDIT, FEE												

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